

LAST NAME	FIRST NAME	BIRTH DATE	SCHOOL	GRADE 7 ___ 8 ___ 9 ___
STREET ADDRESS		TOWN / CITY	ZIP CODE	PHONE NUMBER H: W: C:
HEIGHT				
LIST ANY MEDICAL PROBLEMS OR PHYSICAL HANDICAP OF WHICH THE TEAM COACH SHOULD BE AWARE:				
NAME OF PARENT OR GUARDIAN				
E-MAIL ADDRESS				
EMERGENCY CONTACT / PHONE NUMBER			COMMENTS / REQUESTS	
PLEASE CHECK: CATHOLIC ___ NON-CATHOLIC ___				
Catholic players must check the appropriate box below ___ I am a registered member of St. Martin's parish. ___ I am a registered member of _____ parish. ___ I am not currently registered at a parish.		Catholic players must check the appropriate box below ___ I am registered for religious education at St. Martin's. ___ I am registered for religious education at _____ . Letter indicating registration? Y N ___ I am not currently registered for religious education. ___ I attend St. Martin School.		
DAYS UNABLE TO PRACTICE (Please circle) M Tu W Th F			ARE YOU PLANNING TO ATTEND TRAVEL TRYOUTS? Y ___ N ___	
DID YOU PLAY AT ST. MARTIN'S LAST YEAR? YES ___ NO ___			LIST ANY PREVIOUS BASKETBALL EXPERIENCE:	
LEAGUE NAME AND COACH: _____				
We need assistance in several areas to run this program. Please check the areas where you would be willing to help:				
Head Coach ___		Referee ___		Parent Monitor ___
Assistant Coach ___		Program Administrator ___		Other ___
I agree to my son / daughter participating in the St. Martin CYO Basketball Program per the following rules and conditions:				
<ol style="list-style-type: none"> Any damage to school property, either at St. Martin's or any other gym, for which my child is responsible, will be reimbursed by me. In the event of a medical problem, coaches or program officials are authorized to act in my behalf to obtain treatment for my child. I waive all claims against St. Martin's School, Basketball Program officials, coaches and participants for any injuries incurred while playing basketball for St. Martin's. I understand that it is incumbent on me to have adequate insurance and I will not seek reimbursement from St. Martin's. My child will be placed on a team commensurate with his / her playing ability. Once chosen for a team, the child will not be transferred to another team regardless of the reason. I will not leave my child at St. Martin's unless there is an adult who is responsible for his / her behavior. 				
CHECKER _____			SIGNATURE OF PARENT OR GUARDIAN _____	
			DATE _____	
FOR PROGRAM USE ONLY:				
DATE OF APPLICATION: _____			CHECK #: _____	
AMOUNT: _____			CASH: _____	